

FLORIDA DEPARTMENT OF EDUCATION  
Office of Educational Facilities

**CERTIFICATE OF FINAL INSPECTION**

<b>TO:</b> Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494 Fax (850) 245-9236 or (850) 245-9304	<b>OEF USE ONLY</b>
<b>INSTRUCTIONS:</b> Submit for OEF files one copy of the completed form for all projects with construction costs exceeding \$300,000. Mark the appropriate term within the parentheses. Reproduce this form in sufficient quantity for your use. Section 1013.37(2)(c), F.S.	

RE: \_\_\_\_\_ OEF Assigned Project Number \_\_\_\_\_

\_\_\_\_\_ (  School District  Florida College )

\_\_\_\_\_ (  School Name  Campus )

\_\_\_\_\_ (  School  College ) Code Number \_\_\_\_\_

\_\_\_\_\_ Description of Project \_\_\_\_\_

**SECTION A: BOARD'S ACCEPTANCE**

Upon the recommendation of our Project ( <input type="checkbox"/> Architect <input type="checkbox"/> Engineer ) as certified in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on _____, _____	
Name (Type or Print) _____	
Signature: _____	Date: _____
( <input type="checkbox"/> Superintendent <input type="checkbox"/> President )	

**SECTION B: (  ARCHITECT  ENGINEER ) CERTIFICATION**

As PROJECT ( <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER ), I have inspected this project and, in my considered professional opinion, the work required by the contract for this project has been completed in accordance with approved contract documents; Chapter 1013, Florida Statutes; Rule 6A-2.0010, FAC; Chapter 553, F.S.; and the Florida Building Code.			
Signature: _____		Date: _____	
Firm Name: _____			
Address: _____			
Street/P.O. Box	City	State	Zip

**SECTION C:  Building Official  Other (Specify) Certification \_\_\_\_\_**

I have inspected the project, and in my considered opinion, it is complete and in accordance with applicable statutes, rules, and codes.	
Name (Type or Print) _____	
Signature: _____	Date: _____
( <input type="checkbox"/> Building Official <input type="checkbox"/> Certified Inspector )	

**SECTION D: FACILITY INFORMATION.**

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input type="checkbox"/> _____	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A    If "No," explain: _____
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$
	5. PROJECT GROSS SQUARE FOOTAGE: _____ SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$
	7. COST PER STUDENT STATION: \$

## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).

C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____

10. Date of Occupancy: \_\_\_\_\_  
\_\_\_\_\_

11. Additional Information: